



SCHOOL DISTRICT OF NEILLSVILLE

2026-27



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

In signing this form, I understand and agree to the following terms and conditions related to volunteering my service to the School District of Neillsville.

Volunteer Information

Last Name: _____ First Name: _____ Initial: _____ ☐ Male ☐ Female

Address: _____ City: _____, WI Zip: _____

Phone Number(s): Home _____ Cell _____ Work _____

Email: _____

Areas interested in volunteering:

☐ Athletics ☐ Cafeteria ☐ Classroom ☐ Fieldtrip(s) ☐ Library ☐ Office

Please list school employee(s) you will be volunteering for: _____

Have you ever been found guilty of or do you presently have pending any violations for law (felonies and/or misdemeanors) other than minor traffic violations? In accordance with State law pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job. ☐ Yes ☐ No

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instance of any sort of harassment, exploitation, and/or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Please initial here: _____

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: _____

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: _____

I agree that my assignees, heirs, distributes, guardian and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release the School District of Neillsville from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representative now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: _____

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature

Date

Witness Signature

Date

Approved By

Date

**SCHOOL DISTRICT OF NEILLSVILLE
STUDENT TRANSPORTATION
CONSENT FORM**

If you plan to volunteer your time and vehicle to transport students for school district sponsored functions, you must agree to the following conditions:

- I am a consenting adult over the age of 21.
- I have a valid operator's license. I will provide a copy of my license to the District. I understand that the District reserves the right to review my Motor Vehicle Record (MVR).
- I have adequate insurance coverage on my vehicle. I will provide a copy of my insurance policy or a certificate of insurance to the District.
- I will transport no more persons in my vehicle than the number of seat belts available. Each occupant of the vehicle will be required to wear a seat belt.
- I will inspect my vehicle prior to each trip to verify that it is in good working condition and that it contains a properly inflated spare tire and functional jack.

I have read the above conditions and agree to all. By signing below, I hereby assume all the risk associated with my driving activities.

Driver Signature

____/____/____
Date

Witness Signature

____/____/____
Date

Approved By

____/____/____
Date



School District of Neillsville

614 E 5th Street, Neillsville, WI 54456

Background Check Authorization

Legal Name: First, Full Middle Name, Last

Maiden Name: _____ Alias: _____

Address: _____

☐ Male ☐ Female Date of Birth _____ Social Security Number _____

Race: ☐ White ☐ Black ☐ Chinese ☐ Hispanic ☐ Indian ☐ Japanese ☐ Other ☐ Unknown

Email Address: _____

Mobile Phone Number: _____ Okay to Contact via Text Message? ☐ Yes ☐ No

*Note: The above data is required to do a background check. This form will remain with Human Resources.

Is this for a volunteer application? ☐ Yes ☐ No If Yes, Teacher Name: _____

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Do you have any pending criminal charges? ☐ Yes ☐ No

If yes to either of the above, please explain. Include date(s), location of court, nature and place of charge or conviction and disposition of the case:

I authorize the School District to investigate my personal employment history and I authorize any former employers, person, firm, corporation, or government agency to give the School District any information regarding my employment history. Background checks are run by the District upon applying and when deemed necessary. Criminal charges or convictions are not an automatic bar to service. The District will consider the nature of the offense, date of the offense, and relationship between the offense and the position.

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification from consideration, or if employed, my immediate dismissal. I further agree to abide by all rules, regulations and policies of the District. I hereby authorize the School District of Neillsville to utilize third party agencies to collect reports by contacting law enforcement agencies, city, state, county and federal courts to release information about my background including, but not limited to, information about my criminal record. This release shall remain in effect for the length of my service. I understand I have the right to obtain a copy of background check reports if the written request is made within 60 days of signature below.

The Board does not discriminate in employment on the basis of race, color, national origin, age, sex (including gender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32 Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend an employer sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other legally protected category in its programs and activities including employment opportunities.

Signature

Date